on the reverse side?	Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
90	3. Article Addressed to:	4a. Article No	a. Article Number	
let	STEPHANIE MCKEACHNIE	Z 230 748 208 4b. Service Type		Return F
	MCKEACHNIE ALLRED MCCLELLAN			
2	121 W MAIN ST	☐ Registere	gistered XX Certified	
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5	5. Received By: (Print Name)		ee's Address (Only if requested	
	Julie Runoltson	and fee is	paid)	L
5	6. Signature: (Addressee or Agent)			
3 %	X Jule Rung 5001			
	PS Form <b>3811</b> , December 1994	Domestic Return Receipt		

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Print your name, address, and ZIP Code in this box

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